

DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM – 2011-2012 SEASON REIMBURSEMENT REQUEST

Reimbursement Instructions:

1. Use a **separate form for each qualified event**.
2. Attach a copy of the contractor's bill. Contractor invoices must break out plowing services and materials (salt/sand) used BY DAY and amount. Contractor charges for feeder roads must be itemized separately.
3. Attach proof of payment (copy of cleared check or bank statement). (Alternative – signed, **notarized** statement below)
4. Your reimbursement request must be received by June 5, 2012. Claims received after this date will not be processed.

Mail to: DeIDOT

ATTN: Linda Stump
DeIDOT Admin. Bldg.
P. O. Box 778
Dover, DE 19903-0778

Contact us at:

Phone: 302-760-2085
FAX: 302-739-7390

Extra copies of this form are available at www.deldot.gov. Click on Community Programs and Services, Snow Removal Reimbursement Program.

If you have an **annual contract** and paid an agreed upon **annual** amount up front, send us a copy of the contract, a copy of the cleared check that paid the contract, and this form signed certifying that the contractor is licensed and insured. DeIDOT will **automatically** reimburse the maximum allowed for each qualified storm capped at 75% of your **paid** contract cost.

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been used. It is further understood that DeIDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties.

Signed: _____ Association Office held: _____

Name of Association:	Name of Contractor:
Name of Contact Person:	Contractor Contact Person:
Contact Person Phone:	Contractor Phone:

Instruct your contractor to bill for each storm separately. Invoices must be broken down by date(s) of service. Services and materials must be shown separately on the invoice. Charges for feeder roads must be invoiced separately. Only roads that have been pre-determined by DeIDOT as feeder roads will be reimbursed at feeder rates. Materials and services used on private property such as sidewalks and driveways are not reimbursable. **USE A SEPARATE FORM FOR EACH REIMBURSEABLE EVENT!!**

Do not include charges for feeder roads in this section	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$
	TOTALS:			

List charges for feeder roads (as pre-determined by DeIDOT) here	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	Salt/Sand \$\$\$ per day	Total \$\$\$
	TOTALS:			

Total for storm		\$	\$	\$
------------------------	--	----	----	----

Optional Notarized Statement (for those wanting reimbursement without presenting cleared checks):

I attest to the accuracy of the information provided on this form and further attest that our association has paid or will pay the contractor the full amount billed and indicated on this form within 30 days.

Authorized representative of neighborhood association

Notary

County

Commission
Expiration Date

